

# HSA Election Form

Your Health Savings Account belongs to you and is your financial asset even if you change employers. Your contributions to the Educators Credit Union Health Savings Account will be made pre-tax through payroll deductions.

## Please complete the following

**First Name:**  **Last Name:**  **Employee #:**

**Which High Deductible Health Plan are you enrolled in?** Single  Family

The maximum combined employer/employee annual contribution amount cannot exceed the IRS maximums of \$4,300 for individual coverage and \$8,550 for family coverage for the 2025 calendar year. Racine County will contribute \$500 for a single plan and \$1,000 for a family plan. Individuals age 55 and older can make an additional \$1000 catch up contribution. Check the IRS guidelines for maximum contributions at [www.irs.gov/publications/p969](http://www.irs.gov/publications/p969).

## Please indicate the type of contribution you wish to make (please choose one):

**New recurring contribution**

I would like to begin contributing the following amount to my HSA through pre-tax payroll deductions: \$\_\_\_\_\_ per pay period (26 pay periods per year).

### Choose One Selection Below:

- I wish to start my deduction from my paycheck within 30 days of submitting this form.  
 I wish to start my deduction from my paycheck on this future date: \_\_\_\_\_

**Change recurring contribution**

I would like to change my recurring contributions to my HSA to the following amount through pre-tax payroll deductions: \$\_\_\_\_\_ per pay period (26 pay periods per year).

### Choose One Selection Below:

- I wish to start my deduction from my paycheck within 30 days of submitting this form.  
 I wish to start my deduction from my paycheck on this future date: \_\_\_\_\_

## Account Information

**Bank Name:** Educators Credit Union

**Routing Number:** 275981378

**Account Number:**  **Name(s) on Account:**

- I agree to the above payroll deduction request and will submit this form to my employer for processing.
- I authorize my employer to reduce my pay before taxes on a "per pay period" basis as indicated above.
- I understand It is my responsibility to elect an amount compliant with federal regulations and the IRS rules.
- I understand that the date of my payroll may differ from the date the funds are deposited and are available for use.
- I understand it is my responsibility to watch the deduction on my paycheck to ensure this change has taken place.
- I certify that I am eligible to make HSA contributions and I understand my employer will rely on this certification in making the contributions to my HSA and for appropriate tax withholding and reporting.

**Print Name:**

**Signature:**  **Date:**